

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2				
4		①		①		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1				
10		1				
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20	1		1	1		
21		1		1		
22		1		1		
23		3		1		
24		①		5		
25	1					
26		1				
27		1				
28		1				
29		1		1		
30		9				
31		2				
32		2				
33		2				
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1				
39		1				
40		1				
41		1				
42	1		1			
43		1				
44		1		1		
45		3		1		
46		3		1		
47		3		1		
48						
49						
50						
TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	56		32			
TOTAL CLAIMS	60		35			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS